CHECK TRANSACTION REQUESTED  DRIVER'S LICENSE RENEWAL  INSTRUCTION PERMIT (New, Duplicate, Renewal)  DUPLICATE (Temporary, Lost, Name/Address Change)  In accordance with 6 CFR Part 37.29 (a) and \$286-306 (c), HRS, an individual may hold only one REAL ID-compliant card. An individual cannot hold a REAL ID-com ID card and REAL ID-compliant driver's license. A REAL ID-compliant card is an accepted form of ID for domestic air trovel and accessing Federal facilities.  Provided all REAL ID required documentation has been provided, do you wish to designate your driver's license as your REAL ID-compliant card (with a star in a gold circle)? YES NO  SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER DATE OF BIRTH (mm-dd-yyyy) Do you wish to be an organ / tissue donor?  FULL LEGAL NAME (Last, First, Middle, Suffix) Do you wish to have a Vetera designation?  HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)  MOTE: Applicable to any person winder of the uniformed services of the States and was discharged under content than dishonorable. Documer evidence required.  PHONE NO. (Optional) OCCUPATION BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)  1. Have you previously held a driver's license in Hawaii, another State or Country? YES NO  If YES, State or Country? YES NO  1. Have you previously held a driver's license in Hawaii, another State or Country? YES NO  1. Have pour previously held a driver's license in Hawaii, States or Country? YES NO  1. Have pour previously held a driver's license in Hawaii for driving without a license? YES NO  1. Have pour previously held a driver's license in Hawaii for driving without a license? NO  1. Have pour previously held a driver's license in Hawaii for driving without a license? NO  1. Have pour previously held a driver's license in Hawaii for driving without a license? NO  1. Have pour previously held a driver's license in Hawaii for driving without a license? NO  1. Have pour previously held a driver's license in Hawaii	у	For Office Use Only	PPLICATION	S LICENSE A	AII DRIVER'	HAWA	TE OF	STA			
DUPLICATE (Temporary, Lost, Name/Address Change)   Name/Address Change   OUT OF STATE TRANSFER   OUT		DRIVER'S LICENSE/ INSTRUCTION PERMIT NU	STATE OF HAWAII DRIVER'S LICENSE APPLICATION  CHECK TRANSACTION REQUESTED DRIVER'S LICENSE RENEWAL								
Do card and REAL ID-compliant driver's license. A REAL ID-compliant card is an accepted form of ID for domestic air travel and accessing Federal facilities.	E TEST RE		Lost, Name/Address Change)	☐ DUPLICATE (Temporary, Lost, Name/Address Change)							
REAL ID-compliant card (with a star in a gold circle)?  SOCIAL SECURITY NUMBER  DRIVER'S LICENSE NUMBER  H	pliant State										
SOCIAL SECURITY NUMBER    DRIVER'S LICENSE NUMBER   DATE OF BIRTH (mm-dd-yyyy)   Do you wish to be an organ / tissue donor?   Do you wish to be an organ / tissue donor?   Do you wish to be an organ / tissue donor?   Do you have an advance health-care directive?   Do you wish to have a Vetera designation?   NOTE: Applicable to any person with any of the uniformed services of the States and Apt. or House No., or P.O. Box, City, State and Zip Code)   Do you wish to have a Vetera designation?   NOTE: Applicable to any person with any of the uniformed services of the States and was discharged under to other than dishonardable. Document of the uniformed services of the States and was discharged under to the transfer and the state of Lourney   NOTE: Applicable to any person with any of the uniformed services of the States and was discharged under to other than dishonardable. Document evidence required.   NOTE: Applicable to any person with any of the uniformed services of the States and was discharged under to other than dishonardable. Document evidence required.   NOTE: Applicable to any person with any of the uniformed services of the States and was discharged under to other than dishonardable. Document evidence required.   NOTE: Applicable to any person with any of the uniformed services of the state of the dishonardable. Document evidence of the uniformed services of the state of the dishonardable. Document evidence of the uniformed services of the state of the stat		r driver's license as your	d, do you wish to designate you	nas been provide	ocumentation	quired do	EAL ID re	led all Ri	Provid	F	
H			☐ YES ☐ NO	ircle)?	star in a gold o	d (with a	liant car	D-comp	REAL I	F	
Do you have an advance health-care directive?  MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)  HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)  HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)  NOTE: Applicable to any person with any of the uniformed services of the uniformed service	☐ YES	. ,	, ,,,,,,	OCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER DATE OF BIRTH (mm-						SOCIAL	
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)  HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)  NOTE: Applicable to any person wi any of the uniformed services of the state of way of the uniformed services of the state of way discharged under of other than dishonorable. Docume evidence required.  PHONE NO. (Optional)  L. Have you previously held a driver's license in Hawaii, another State or Country?  If YES, [State or Country]  A) Ever been convicted in the State of Hawaii for driving without a license? [State or Hawaii for driving without a license? [Outly]  If YES, [Date)  COLOR GENDER  GENDER  GENDER  GENDER  GENDER  GENDER  GENDER  FEMALE  A. A. Check Off the medical information in the following three questions will be used only for the purposes of determining your eligibility to drive. The answers to the questions will be kept confidential.  A) Check off the medical condition(s) experienced within the last the Neurologic/Orthopedic/Arthritic Conditions   Diabetes    Sezioure/Stroke/Blackout Spells   Chonic Alco    If YES, [Date) (Reason)   YES   NO    D) Ever been required to deposit proof of Financial   Responsibility under the Motor Vehicle Financial   YES   NO    NOTE: All DRIVER'S LICENSE RECORDS WILL BE VERIFIED THROUGH THE NATIONAL DRIVER REGISTER FOR STOPPER INFORMATION. ALL DENIED APPLICATIONS	☐ YE	Do you have an advance	-   / /								
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)    HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)    HAWEIGHT			,					2566 (6)			
NOTE: Applicable to any person with any of the unifformed services of the States and was discharged under cother than dishonorable. Document evidence required.	n 🗌 YE		)	ry, State and Zip Code	No., or P.O. Box, Ci	or House N	et and Apt.	RESS (Stree	NG ADDI	MAILING	
HEIGHT   N.   WEIGHT   LBS.   COLOR   HAIR   COLOR   EYES   SENDER   FEMALE   other than dishonorable. Documes evidence required.    PHONE NO. (Optional)   DCCUPATION   BUSINESS ADDRESS (Street or P.O. Box, City, State and Zip Code)		NOTE: Applicable to any person who so any of the uniformed services of the U	Mailing Address above)	ss is the same as you	cate SAME if addre	RESS (Indic	ENCE ADD	IPAL RESID	AII PRINC	HAWAII	
HAIR   EYES     FEMALE		States and was discharged under cond other than dishonorable. Documentar evidence required		COLOR	COLOR			IN.		HEIGHT	
1. Have you previously held a driver's license in Hawaii, another State or Country?		<u> </u>	_		HAIR			_			
	nolism condition ————————————————————————————————————	determining your eligibility to drive. will be kept confidential. tion(s) experienced within the last two Arthritic Conditions Diabetes Spells Chronic Alcoholi Heart/Lung Cond ave you had a loss of control, which affected your perate a motor vehicle?	used only for the purposes of of The answers to the questions of A) Check off the medical condition Neurologic/Orthopedic/A Seizure/Stroke/Blackout Drug Addiction Other: (Explain) B) Within the last two years, he consciousness or physical confunctional ability to safely of C) Has your ability to drive bee	□ yes □ no □ yes □ no □ yes □ no	u:  iii for driving  e refused?	rate) rer's license ed or revoke ed? proof of Fir	(Reason) en reinstat to deposit r the Moto	LAST THRE a convicted license? inty) pplication f te) uch license te) license bee a required pility unde	(State of State of St	B) Had If Y C) Had If Y D) Eve Res	
	WILL	ATION. ALL DENIED APPLICATIONS WI									
Advance health-care directive means an individual instruction, in writing, a living will, or a durable power of attorney for health-care decisions.		Ith-care decisions.	l, or a durable power of attorney for hea	in writing, a living wi	ividual instruction,	ans an indiv	rective me	lth-care di	ance heal	Advan	
Section 286-102.5, Hawaii Revised Statutes requires all male applicants between the ages of 18 through 25 to be automatically registered with the United State Service System. By submitting this application for the issuance of a permit, license, duplicate or renewal, the qualified applicant is consenting to registration wit States Selective Service System, if so required by Federal law.		· · · =	=	-	on for the issuance	s application	mitting this	n. By subi	ice Syster	Service	
I acknowledge that my SOCIAL SECURITY number I am providing is as required by Sections 19-122-1, 19-122-3, 19-122-30, 19-122-302 and 19-122-307, Hawaii Ar Rules, Section 286-111, Hawaii Revised Statutes, and in accordance with Section 7 of the Privacy Act and 42 United States Code, Section 405(c)(2)(c). I further act my SOCIAL SECURITY number, or if I am unable to obtain a social security number as evidenced by official notification by the Social Security Administration to the driver licensing office, or unwilling to provide a social security number, an assigned substitute number shall be issued by this agency for the sole purpose of prov with a driver's license. Your social security number or assigned substitute number will <b>not</b> be printed on your card.  IMPLIED CONSENT LAW: I agree to submit to a chemical test or tests of my blood, breath or urine for the purpose of determining the alcohol or drug content of	knowledge county ding me	de, Section 405(c)(2)(c). I further ackno Social Security Administration to the co agency for the sole purpose of providin	the Privacy Act and 42 United States Co evidenced by official notification by the ubstitute number shall be issued by this ill <b>not</b> be printed on your card.	nce with Section 7 of all security number as umber, an assigned s substitute number w	ites, and in accorda ble to obtain a soci e a social security n umber or assigned	vised Statut f I am unabl g to provide l security nu	Hawaii Re Imber, or i Ir unwilling Your social	n 286-111, CURITY nung office, o s license.	s, Section SOCIAL SE er licensir a driver'	Rules, S my SOO driver I with a	

when testing is requested by a police officer acting in accordance with Section 291E-11, Hawaii Revised Statutes (HRS). The license of anyone who refuses to be tested shabe subject to administrative revocation pursuant to Section 291E-41, HRS.

MOTOR VOTER: The Driver's License Application will be used to update the voter registration record of currently registered voters in the State of Hawaii, unless the

**MOTOR VOTER:** The Driver's License Application will be used to update the voter registration record of currently registered voters in the State of Hawaii, unless the applicant affirmatively declines on page 2 of this application (National Voter Registration Act of 1993).

I hereby certify, under penalty of perjury, that all of the information provided is true and correct and that I am the person named and described in this application. I understand that providing false information may be a violation of Federal and State law.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## To register to vote or to receive an absentee ballot permanently by mail review the information and complete the application below. If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your voter registration record. ☐ I do not want the information on this form to be used to update my voter registration record. DATE OF BIRTH (mm-dd-yyyy) DRIVER'S LICENSE NUMBER \_\_ / \_\_ / \_\_\_ FULL LEGAL NAME (Last, First, Middle) MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code) HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above) PHONE NUMBER **EMAIL ADDRESS** QUALIFICATIONS If you answer "No" to any of the questions below, DO NOT complete this form. Are you a citizen of the United States of America? Are you at least 16 years of age? (Must be 18 to vote) Are you a resident of the State of Hawaii? Yes The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein. ARE YOU REGISTERED TO VOTE IN ANOTHER STATE? Provide your last registered address, county, state, and zip code. **Yes**. I hereby authorize cancellation of my previous registration. WOULD YOU LIKE TO PERMANENTLY RECEIVE ABSENTEE BALLOTS BY MAIL? Yes. I request to permanently receive absentee ballots at the mailing address associated with my voter registration. I understand that my permanent absentee voter status will be terminated if: 1) I request termination in writing; 2) I die, lose voting rights, register in another jurisdiction, or am otherwise disqualified from voting; 3) my absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason; or 4) I do not return my ballot by 6:00 PM on election day in both the primary and general election of an election year. If so, I understand that I must reapply for permanent absentee status. WARNING: Any person who knowingly furnishes false information may be guilty of a Class C felony. I hereby swear (or affirm) that all information furnished on this application is true and correct. Signature: Date:

	ID Number	Location Code	Document Number	
Office Use Only				
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Notice: The identity of the voter registration agency through which any particular voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

**Voter Registration and Permanent Absentee Application**